

Exhibit 3



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Thu, 01 April 2021

STATE OF TEXAS §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Sun, 07 June 2020, which occurred in Cameron County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

A handwritten signature in blue ink, appearing to read "Jim Hollis".

Jim Hollis
Director, Crash Data & Analysis Section
125 East 11th Street
Austin, TX 78701-2483
1-844-274-7457





Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 5

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

*Crash Date (MM/DD/YYYY) 06 / 07 / 2020	*Crash Time (24HRMM) 0413	Case ID 2982886	Local Use
*County Name CAMERON		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 25° 9' 9" 17' 3"	Longitude (decimal degrees) 097° 1' 7" 9' 2' 3"

ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. SH	*Hwy. Num. 4	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 55	Const. Zone <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> No	Street Desc.	

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name LBJ	
Distance from Int. or Ref. Marker 10		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.		RRX Num.

Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State FL	LP Num. JA07JV	VIN 3 H S D J S J R 4 D N 2 0 3 2 1 2
Veh. Year 2013	6. Veh. Color SIL	Veh. Make INTERNATIONAL		Veh. Model PROSTAR		7 Body Style TT
8 DL/ID Type 2	DL/ID State FL	DL/ID Num. T632960823800	9 DL Class 98	10 CDL End. 98	11 DL Rest. 98	DOB (MM/DD/YYYY) 10 / 20 / 1982
Address (Street, City, State, ZIP) 6331 W 26th ST Bradenton, FL 34207						

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Treto, Yandi	N	37	H	1	1	1	1	97	N	96		96	97	97

<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address SYM Trucking LLC, 1803 W 47th Avenue DR Bradenton, FL 34207		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26 Fin. Resp. Type 2	Fin. Resp. Name Lancer Insurance Company	Fin. Resp. Num. CM0064216-02
Fin. Resp. Phone Num. 407-679-8181		27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2
Towed By Capital Towing LLC		Towed To 1318 N Commerce St, Harlingen, TX 78550	

Unit Num. 2	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State FL	LP Num. 1029CU	VIN 1 U Y F S 2 4 8 X 6 A 9 2 5 1 1 5
Veh. Year 2006	6. Veh. Color 99	Veh. Make UTILITY TRAILER MFG		Veh. Model NOT APPLICABLE		7 Body Style TL
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)						

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category

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Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26 Fin. Resp. Type 2	Fin. Resp. Name Lancer Insurance Company	Fin. Resp. Num. CM0064216-02
Fin. Resp. Phone Num. 407-679-8181		27 Vehicle Damage Rating 1 1 0 - L F Q - 4	27 Vehicle Damage Rating 2 1 1 - L D - 3
Towed By Capital Towing LLC		Towed To 1318 N Commerce St., Harlingen, TX 78550	

Copy from Custodial File

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 02998751					
Carrier's Corp. Name SYM Trucking LLC		Carrier's Primary Addr. 1803 W 47th Avenue DR Bradenton, FL 34207						30 Veh. Type 9				
31 Bus Type 0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	5	2	3	5	0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 5
Unit Num. 2	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	6	8	0	0	0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles					

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions						
	Unit #	Contributing	May Have Contrib.			Contributing	May Have Contrib.				38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	3									1	2	97	1	1	1	17

NARRATIVE AND DIAGRAM	<p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</p> <p>Unit 1 towing Unit 2 came to a stop facing east on SH 4; then attempted to reverse northwest across an oncoming lane into LBJ Blvd. Unit 3 was traveling west on SH 4 approaching Unit 1 and 2. Unit 1 and 2 Backed without Safety, causing Unit 3s Front Left to strike Unit 2s Front Left Quarter and Side Swipe Unit 2s Left Side. Unit 1 and 2 remained stopped partially on SH 4 and LBJ Blvd. Unit 3 remained stopped under Unit 2. Note: Unit 3 driver may have been fatigued due not sleeping since the morning of 06/06/2020 and had been drinking (alcoholic beverages) while at the beach. Autopsy results are pending, with investigation ongoing.</p>	<p>Field Diagram - Not to Scale</p>
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INVESTIGATOR	Time Notified (24HR:MM)	1	4	1	8	How Notified	Dispatched	Time Arrived (24HRMM)	0	4	5	4	Report Date (MM/DD/YYYY)	06/07/2020					
	Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Investigator Name (Printed) Rodriguez, Hector											ID Num.	15582					
	ORI Num.	T	X	D	P	S	5	8	0	4	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS			Service/Region/DA	H	P	3	A	0



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 5

*Crash Date (MM/DD/YYYY)	06 / 07 / 2020	*Crash Time (24HRMM)	0 4 1 3	Case ID	2982886	Local Use
*County Name	CAMERON	*City Name				
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees)	2 5 . 9 9 1 7 3	Longitude — (decimal degrees)	0 9 7 . 1 7 9 2 3	
ROAD ON WHICH CRASH OCCURRED						
*1 Rdwy. Sys.	SH	*Hwy. Num.	4	2 Rdwy. Part	1	Block Num.
				3 Street Prefix	* Street Name	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit	55	Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				Workers Present	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Street Desc.		
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER						
At Int.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	LR	Hwy. Num.		2 Rdwy. Part
						Block Num.
				3 Street Prefix	Street Name LBJ	
						4 Street Suffix BLVD
Distance from Int. or Ref. Marker		10	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E		Reference Marker
						Street Desc.
						RXX Num.
Unit Num.	3	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State TX
				LP Num. MWV6323		VIN 3 G T U 9 D E D 0 I G 2 0 8 4 4 0
Veh. Year	2 0 2 0	6. Veh. Color	WHI	Veh. Make	GMC	Veh. Model SIERRA
						7 Body Style PK
						<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)
8 DL/ID Type	1	DL/ID State	TX	DL/ID Num.	29503798	9 DL Class C
				10 CDL End.	96	11 DL Rest. 96
				DOB (MM/DD/YYYY) 09 / 20 / 1984		
Address (Street, City, State, ZIP) 2004 Yost RD San Benito, TX 78586						
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity
Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
1	1	1	Venegas, Carlos Javier	K	35	H
2	2	3	Venegas, Lucinne Dennise	B	36	H
3	2	4	Venegas, Gabriela Dannely	A	10	H
4	2	5	Venegas, Danniela Denise	B	13	H
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address De Venegas Medellin, Maria J, 6928 Red Cedar ST Brownsville, TX 78526					
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type 2	Fin. Resp. Progressive County Mutual Insurance		Fin. Resp. Num. 935404218	
Fin. Resp. Phone Num. (956) 421-3557		27 Vehicle Damage Rating 1 1 2 - F L - 7		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Towed By All Star Towing	Towed To 5727 Southmost Rd., Brownsville 78521					
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	LP Num.	VIN
Veh. Year	6. Veh. Color	Veh. Make	Veh. Model	7 Body Style	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)	
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)						
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line			14 Injury Severity
Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet
21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category	
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.						
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 - - - - -		27 Vehicle Damage Rating 2 - - - - -		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No
Towed By	Towed To					

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	3	1	Cameron County Forensic Pathology Dpt.	Garza's Funeral Home (956) 561-3654	06/07/2020	0637
	3	2	Valley Baptist Medical-Brownsville	Brownsville EMS Medic 8		
	3	3	Valley Baptist Medical-Brownsville	Brownsville EMS Medic 8		
	3	4	Valley Baptist Medical-Brownsville	Brownsville EMS Medic 8		
	3	5	Valley Baptist Medical-Brownsville	Brownsville EMS Medic 8		

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles		Owner's Name	Owner's Address

CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
	Carrier's Corp. Name			Carrier's Primary Addr.			30 Veh. Type	
	31 Bus Type	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions							
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	3			40	45											

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)								Field Diagram - Not to Scale							

INVESTIGATOR	Time Notified (24HR:MM)		1418		How Notified		Dispatched		Time Arrived (24HRMM)		0454		Report Date (MM/DD/YYYY)		06/07/2020		
	Invest. Comp. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Investigator Name (Printed) Rodriguez, Hector										ID Num.		15582		
	ORI Num.		TXDPSS5804		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS										Service/Region/DA		HP3A07



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

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*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 5

IDENTIFICATION & LOCATION

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

VEHICLE, DRIVER, & PERSONS

*Crash Date (MM/DD/YYYY) 06 / 07 / 2020	*Crash Time (24HRMM) 0413	Case ID 2982886	Local Use
*County Name CAMERON		*City Name	
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees) 25° 9' 9" 17' 3"	Longitude (decimal degrees) 097° 1' 7" 9' 2" 3"

ROAD ON WHICH CRASH OCCURRED							
*1 Rdwy. Sys. SH	*Hwy. Num. 4	2 Rdwy. Part 1	Block Num.	3 Street Prefix	* Street Name	4 Street Suffix	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit 55	Const. Zone <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Street Desc.	

INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER							
At Int. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys. LR	Hwy. Num.	2 Rdwy. Part 1	Block Num.	3 Street Prefix	Street Name LBJ	
Distance from Int. or Ref. Marker 10		<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker E	Reference Marker	Street Desc.	RRX Num.	

Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State FL	LP Num. JA07JV	VIN 3 H S D J S J R 4 D N 2 0 3 2 1 2
Veh. Year 2013	6. Veh. Color SIL	Veh. Make INTERNATIONAL		Veh. Model PROSTAR		7 Body Style TT
8 DL/ID Type 2	DL/ID State FL	DL/ID Num. T632960823800	9 DL Class 98	10 CDL End. 98	11 DL Rest. 98	DOB (MM/DD/YYYY) 10 / 20 / 1982
Address (Street, City, State, ZIP) 6331 W 26th ST Bradenton, FL 34207						

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	Treto, Yandi	N	37	H	1	1	1	1	97	N	96		96	97	97
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																	

<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address SYM Trucking LLC, 1803 W 47th Avenue DR Bradenton, FL 34207		
Proof of Fin. Resp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	26 Fin. Resp. Type 2	Fin. Resp. Name Lancer Insurance Company	Fin. Resp. Num. CM0064216-02
Fin. Resp. Phone Num. 407-679-8181		27 Vehicle Damage Rating 1	27 Vehicle Damage Rating 2
Towed By Capital Towing LLC		Towed To 1318 N Commerce St, Harlingen, TX 78550	

Unit Num. 2	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State FL	LP Num. 1029CU	VIN 1 U Y F S 2 4 8 X 6 A 9 2 5 1 1 5
Veh. Year 2006	6. Veh. Color 99	Veh. Make UTILITY TRAILER MFG		Veh. Model NOT APPLICABLE		7 Body Style TL
8 DL/ID Type	DL/ID State	DL/ID Num.	9 DL Class	10 CDL End.	11 DL Rest.	DOB (MM/DD/YYYY)
Address (Street, City, State, ZIP)						

Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line	14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
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<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address SYM Trucking LLC, 1803 W 47th Avenue DR Bradenton, FL 34207		
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Fin. Resp. Phone Num. 407-679-8181		27 Vehicle Damage Rating 1 1 0 - L F Q - 4	27 Vehicle Damage Rating 2 1 1 - L D - 3
Towed By Capital Towing LLC		Towed To 1318 N Commerce St., Harlingen, TX 78550	

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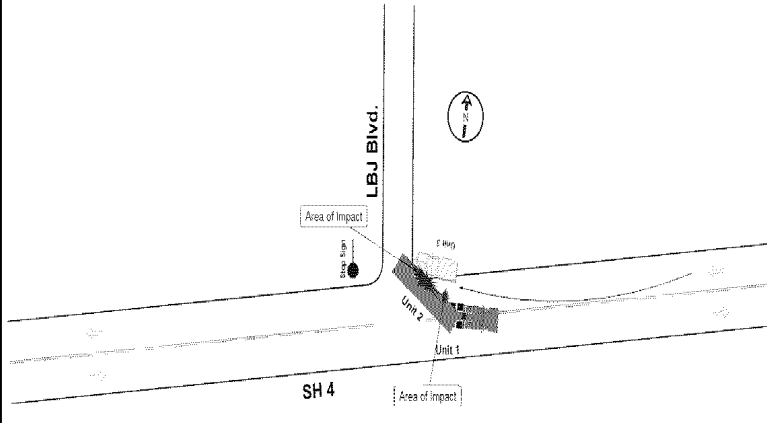
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	Criminally Negligent Homicide-Felony (TXP 19.05)	TX5SKB0JWA4N

DAMAGE	Damaged Property Other Than Vehicles	Owner's Name	Owner's Address

Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 02998751	
Carrier's Corp. Name SYM Trucking LLC		Carrier's Primary Addr. 1803 W 47th Avenue DR Bradenton, FL 34207						30 Veh. Type 9
31 Bus Type 0	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	5 2 3 5 0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type 5
Unit Num. 2	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	6 8 0 0 0	34 Trlr. Type 2	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGWW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

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	1	3			40					1	2	97	1	1	1

NARRATIVE AND DIAGRAM	<p>Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)</p> <p>Unit 1 towing Unit 2 came to a stop facing east on SH 4; then attempted to reverse northwest across an oncoming lane into LBJ Blvd. Unit 3 was traveling west on SH 4 approaching Unit 1 and 2. Unit 1 and 2 Backed without Safety, causing Unit 3's Front Left to strike Unit 2's Front Left Quarter and Side Swipe Unit 2's Left Side. Unit 1 and 2 remained stopped partially on SH 4 and LBJ Blvd. Unit 3 remained stopped under Unit 2. Note: Unit 3 driver may have been fatigued due not sleeping since the morning of 06/06/2020 and had been drinking (alcoholic beverages) while at the beach. Autopsy results show Unit 3 driver had a Blood Alcohol Content of .135 mg/dL, along with cocaine. Unit 3 black box evidence showed Unit 3 Driver was Speeding Over the Limit, and did not wear a seatbelt along with the Front Right Passenger.</p>	<p>Field Diagram - Not to Scale</p> 
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INVESTIGATOR	Time Notified (24HR:MM)	1 4 1 8	How Notified/Dispatched	Time Arrived (24HRMM)	0 4 5 4	Report Date (MM/DD/YYYY)	08 / 19 / 2020
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed) Rodriguez, Hector				ID Num.	15582
	ORI Num.	T X D P S 5 8 0 4	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS				Service/Region/DA

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Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

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*Crash Date (MM/DD/YYYY)	06 / 07 / 2020	*Crash Time (24HRMM)	0 4 1 3	Case ID	2982886	Local Use																	
*County Name	CAMERON	*City Name						<input checked="" type="checkbox"/> Outside City Limit															
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Latitude (decimal degrees)	2 5 . 9 9 1 7 3	Longitude — (decimal degrees)	0 9 7 . 1 7 9 2 3																		
ROAD ON WHICH CRASH OCCURRED																							
*1 Rdwy. Sys.	SH	*Hwy. Num.	4	2 Rdwy. Part	1	Block Num.																	
3 Street Prefix		* Street Name		4 Street Suffix																			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot	<input type="checkbox"/> Toll Road/Toll Lane	Speed Limit	55	Const. Zone	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Workers Present	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Street Desc.																							
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																							
At Int.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1 Rdwy. Sys.	LR	Hwy. Num.		2 Rdwy. Part	1																
Block Num.		3 Street Prefix		Street Name	LBJ	4 Street Suffix	BLVD																
Distance from Int. or Ref. Marker	10	<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker	E	Reference Marker		RRX Num.																
Unit Num.	3	5 Unit Desc.	1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State	TX																
LP Num.	MWV6323	VIN	3 G T U 9 D E D 0 L G 2 0 8 4 4 0																				
Veh. Year	2 0 2 0	6. Veh. Color	WHI	Veh. Make	GMC	Veh. Model	SIERRA																
7 Body Style	PK	<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																					
8 DL/ID Type	1	DL/ID State	TX	DL/ID Num.	29503798	9 DL Class	C																
10 CDL End.	96	11 DL Rest.	96	DOB (MM/DD/YYYY)	0 9 / 2 0 / 1 9 8 4																		
Address (Street, City, State, ZIP) 2004 Yost RD San Benito, TX 78586																							
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
1	1	1	Venegas, Carlos Javier				K	35	H	1	1	96	5	97	N	98	0.135	98	1	3			
2	2	4	Venegas, Lucinne Dennise				B	36	H	2	1	1	3	97	Y	Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.							
3	2	3	Venegas, Gabriela Dannely				A	10	H	2	1	96	5	97	Y								
4	2	5	Venegas, Danniela Denise				B	13	H	2	1	3	97	97	Y								
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address De Venegas Medellin, Maria J, 6928 Red Cedar ST Brownsville, TX 78526																						
Proof of Fin. Resp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type	2	Fin. Resp. Progressive County Mutual Insurance			Fin. Resp. Num.			935404218												
Fin. Resp. Phone Num. (956) 421-3557				27 Vehicle Damage Rating 1				1 2 - F I - 7				27 Vehicle Damage Rating 2				-				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By All Star Towing				Towed To 5727 Southmost Rd., Brownsville 78521																			
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State		LP Num.		VIN															
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model		7 Body Style		<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)													
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)	/	/									
Address (Street, City, State, ZIP)																							
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line				14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category			
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																							
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee	Owner/Lessee Name & Address																						
Proof of Fin. Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type		Fin. Resp. Name			Fin. Resp. Num.															
Fin. Resp. Phone Num.				27 Vehicle Damage Rating 1				-				27 Vehicle Damage Rating 2				-				Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No			
Towed By				Towed To																			

Law Enforcement and TxDOT Use ONLY. Form CR-3 (Rev. 1/1/2018)										Case ID 2982886		TxDOT Crash ID 17758534.2/2020255705		Page 4 of 5									
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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To				Taken By				Date of Death (MM/DD/YYYY)				Time of Death (24HR:MM)								
	3	1	Cameron County Forensic Pathology Dpt.				Garza's Funeral Home (956) 561-3654				06/07/2020				0637								
	3	2	Valley Baptist Medical-Brownsville				Brownsville EMS Medic 8																
	3	3	Valley Baptist Medical-Brownsville				Brownsville EMS Medic 8																
	3	4	Valley Baptist Medical-Brownsville				Brownsville EMS Medic 8																
	3	5	Valley Baptist Medical-Brownsville				Brownsville EMS Medic 8																
CHARGES	Unit Num.	Prsn. Num.	Charge										Citation/Reference Num.										
DAMAGE	Damaged Property Other Than Vehicles						Owner's Name						Owner's Address										
CMV	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL		<input type="checkbox"/> 9+ CAPACITY		CMV Disabling Damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.		29 Carrier ID Type		Carrier ID Num.									
	Carrier's Corp. Name				Carrier's Primary Addr.								30 Veh. Type										
	31 Bus Type		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		HazMat Released <input type="checkbox"/> Yes <input type="checkbox"/> No		32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.		33 Cargo Body Type								
	Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit Num.		<input type="checkbox"/> RGWW <input type="checkbox"/> GVWR		34 Trlr. Type		CMV Disabling Damage? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	Sequence Of Events		35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		Actual Gross Weight		Total Num. Axles								
FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions												
	Unit #	Contributing			May Have Contrib.	Contributing			May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control						
	3	67	68	61	40																		
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale												
INVESTIGATOR	Time Notified (24HR:MM)		1418		How Notified				Dispatched		Time Arrived (24HRMM)		0454		Report Date (MM/DD/YYYY) 08/19/2020								
	Invest. Comp. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Investigator Name (Printed) Rodriguez, Hector										ID Num. 15582										
	ORI Num. TXDPSS5804		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS										Service/Region/DA HP3A07										

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